



State of Hawaii
 Department of Health
 P.O. Box 3378
 Honolulu, HI 96814

Hawaii Deposit Beverage Container Program
 Certified Redemption Center

Handling Fee Request Form (HR-1)

REV 12-08-05

Instructions

- Print in ink or type.
 - Only complete forms with all necessary supporting documentation will be considered complete.
 - To avoid delays please follow instructions.
- Questions? Phone: 586-4226

Mail Forms To

Mail completed form to:
 Hawaii Department of Health
 Office of Solid Waste Management
 919 Ala Moana Blvd., Room 212
 Honolulu, HI 96814-4920

Tracking Number: _____

Contact

Name of Redemption _____
 Location/Address: _____
 Contact Person: _____
 Contact Phone: _____
 Certified Redemption Center Number: _____
 Reporting Period from: _____ to _____

Material Types Included in This Report:
 Aluminum Bi-Metal Glass Plastic

Fee Request

Total Calculated Fee Request _____

Check Box *Box must be checked and amount entered or form will be rejected.*

Initial 50% _____

Final 50% _____

Single 100% _____

Less Shrinkage Adjustment _____

Total Fee Requested _____

I certify under penalty of law that this refund request form and attached supporting documents were prepared and gathered by me or under my supervision. To the best of my knowledge and belief, I certify that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, imprisonment, or both.

 Authorized Signature

 Title

 Print Name

 Date

Handling Fee Request

	Weight Ticket or Container Number *	Associated Load Numbers (from Refund Request Form)	Ship / Deliver Date(s)	Total Weight (lbs.)	DBC Weight (lbs.)**	Destination (Name of Facility & Address)	Date of Arrival at Destination	
Aluminum								
					Total Weight (lbs.)			
				Total Handling Fee (\$)				

	Weight Ticket or Container Number *	Associated Load Numbers (from Refund Request Form)	Ship / Deliver Date(s)	Total Weight (lbs.)	DBC Weight (lbs.) **	Destination (Name of Facility & Address)	Date of Arrival at Destination
Glass							
				Total Weight (lbs.)			
				Total Handling Fee (\$)			

	Weight Ticket or Container Number *	Associated Load Numbers (from Refund Request Form)	Ship / Deliver Date(s)	Total Weight (lbs.)	DBC Weight (lbs.) **	Destination (Name of Facility & Address)	Date of Arrival at Destination
Plastic							
	Total Weight (lbs.)						
Total Handling Fee (\$)							

* Copy of Weight Ticket/Invoice must be attached to verify that material has been sent to an out-of-state recycling facility or end use location.

** Weights entered here include DBC weights only and exclude ADF and/or non-dbc material weights. Up-front Handling fee payments (50%) are calculated on weight (lbs) reported at the time of DBC shipment to an out of state facility or end use location. Final payment is based on weight (lbs) reported by the receiving mill or approved end use location. If the shrinkage in material weight is greater than 2.5% at the end use then adjustments to the final payment will be made accordingly.

Attach copies of applicable weight receipts, out-of-state transport, and acceptance receipts from permitted recycling facilities.